

Registration District No. 43Primary Registration District No. 3007Registrar's No. 784

FILED MAY 21 1962

1. PLACE OF DEATH

a. COUNTY

Butler

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Poplar Bluff

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Lucy LeeInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Dunklin

c. CITY OR TOWN

Qulin

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

Rt. 2 lmi. NW

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

EMX Earl

Stinebrook

4. DATE OF DEATH

Month

Day

Year

May

6,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-5-1899

9. AGE (last birthday)

62

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR.

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farming & Merchant

10b. KIND OF BUSINESS OR INDUSTRY

Gro. Store

11. BIRTHPLACE (City and state or country)

Indiana

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Clark Stinebrook

13b. MOTHER'S MAIDEN NAME

Stobb

14. NAME OF HUSBAND OR WIFE

Dorothy D. Stinebrook

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Qulin, Mo.

Address

Rt. 2

2 Dorothy D. Stinebrook

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac arrest

INTERVAL BETWEEN ONSET AND DEATH
8 hours

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Myocardial infarction

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5-6-62 to 5-6-62 and last saw her alive on 5-6-62Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree or title

22b. ADDRESS

Poplar Bluff, Missouri

22c. DATE SIGNED

5-12-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE OF BURIAL

5-9-1962

23c. LOCATION OF BURIAL OR CREMATION

Gravel Hill

23d. LOCATION (City, town, or county)

St. Francis, Arkansas

24. FUNERAL DIRECTOR

ADDRESS

Russell Mortuary Gideon, Missouri

25. DATE RECD. BY LOCAL REG.

5/19/1962

26. REGISTRAR'S SIGNATURE

Thelma Graham

MAY 22 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Donald W. Rogers

Licensed Embalmer No. 6112

P. O. Address Leggett Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.